

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: MONOCLONAL ANTIBODIES AND THEIR USE
Attorney Docket Number:: 4518-0101P
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: None
Total Drawing Sheets:: 39
Small Entity?:: No
Petition Included?:: No
Petition Type::

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Helmut
Middle Name::
Family Name:: ECKERT
City of Residence:: Oberwil
State or Province of Residence::

Country of Residence:: SWITZERLAND
Street of mailing address:: Hohe Strasse 167

City of mailing address:: Oberwil
State or Province of mailing address::
Country of mailing address:: SWITZERLAND
Postal or Zip Code of mailing address:: CH-4101

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Herbert
Middle Name::
Family Name:: JAKSCHE
City of Residence:: Vienna
State or Province of Residence::
Country of Residence:: AUSTRIA
Street of mailing address:: Straussengasse 5/5

City of mailing address:: Vienna
State or Province of mailing address::
Country of mailing address:: AUSTRIA
Postal or Zip Code of mailing address:: A-1050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Evelyne
Middle Name::
Family Name:: JANZEK
City of Residence:: Vienna

State or Province of Residence::**Country of Residence::** AUSTRIA**Street of mailing address::** Auer Welsbach-Strasse 20**City of mailing address::** Vienna**State or Province of mailing address::****Country of mailing address::** AUSTRIA**Postal or Zip Code of mailing address::** A-1230**Applicant Authority Type::** Inventor**Primary Citizenship Country::** Austria**Status::** Full Capacity**Given Name::** Hans**Middle Name::****Family Name::** LOIBNER**City of Residence::** Vienna**State or Province of Residence::****Country of Residence::** AUSTRIA**Street of mailing address::** Helmgasse 23**City of mailing address::** Vienna**State or Province of mailing address::****Country of mailing address::** AUSTRIA**Postal or Zip Code of mailing address::** A-1238**Applicant Authority Type::** Inventor**Primary Citizenship Country::** Austria**Status::** Full Capacity**Given Name::** Dieter**Middle Name::**

Family Name:: SCHOLZ
City of Residence:: Vienna
State or Province of Residence::
Country of Residence:: AUSTRIA
Street of mailing address:: Weyringergasse 31/5

City of mailing address:: Vienna
State or Province of mailing address::
Country of mailing address:: AUSTRIA
Postal or Zip Code of mailing address:: A-1040

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 02292

REPRESENTATIVE INFORMATION

Representative Customer Number::	02292
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/232,937	01/19/99
which is a	Continuation of	08/901,584	07/28/97
which is a	Continuation of	08/338,566	11/21/94
Which is a	National Stage of	PCT/EP93/01215	05/14/93

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
Great Britain	9210930.5	05/22/92	Yes
Great Britain	9210929.7	05/22/92	Yes
Great Britain	9210944.6	05/22/92	Yes

ASSIGNEE INFORMATION

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::